



COMMUNITY NEWSPAPERS RECIPROCAL  
INSURANCE EXCHANGE

**APPLICATION FOR INSURANCE**

(Libel, Errors and Omissions, Right of Privacy, Plagiarism, Piracy and Copyright Infringement)

**Company Information**

a) Name of Owner (Applicant) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

b) Billing Address (If different from Owner address) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

c) Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ or Individual Ownership \_\_\_\_\_

**Publication Details**

d) Name of Publication to be Insured \_\_\_\_\_

Address (If different from billing address) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Publisher \_\_\_\_\_ Editor \_\_\_\_\_

Circulation \_\_\_\_\_ Publishing Day(s) \_\_\_\_\_

Avg. Page Count \_\_\_\_\_ Paid or Free Circulation (circle applicable)

Year Established \_\_\_\_\_

Number of years operated under present ownership \_\_\_\_\_  
(If less than three years, submit resume showing experience of editor and publisher)

e) If content is duplicated, list other print publications sharing content and percentage of duplication:

\_\_\_\_\_  
\_\_\_\_\_



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f) **Circle** primary circulation area: National Regional Metro Suburban Community Rural Campus

g) Percentage of published material contributed by:

Freelance Writers \_\_\_\_\_ Staff \_\_\_\_\_ Volunteer Correspondents as assigned \_\_\_\_\_ Other (specify) \_\_\_\_\_

h) Name any press associations or groups in which you are a member:

\_\_\_\_\_  
\_\_\_\_\_

Is your publication currently insured? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurer Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

i) Has the Publisher ever been sued or is currently threatened with suits for libel, errors and omissions, invasion of privacy, plagiarism, piracy or infringement of copyright?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If 'yes', provide complete details on an attached sheet signed by applicant or authorized representative, and include amount of plea, judgment or settlement, and offending matter.)

**Information Pertaining to the Publication's Website**

**(Complete only in you are applying for insurance for the website related to your print publication.)**

j) Provide the URL of website: \_\_\_\_\_

k) Does your Web site replicate your printed publication exactly, including editorial and advertising?

Yes \_\_\_\_\_ No \_\_\_\_\_

l) Does your website archive editorial material? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for how long? \_\_\_\_\_

m) Does your site publish more content (articles, photos, Letters to the Editor, ads) than is published in your print product?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes to above, Percentage of additional material published online (i.e. not in your print publication) contributed by:

Freelance \_\_\_\_\_ Writers \_\_\_\_\_ Staff \_\_\_\_\_ Volunteer Correspondents as assigned \_\_\_\_\_ Other (specify) \_\_\_\_\_



- n) How is your Web site accessed?  
Open to the general public \_\_\_\_\_ Log-in to paid subscribers \_\_\_\_\_ Log-in free to registered users \_\_\_\_\_
- o) Provide the URL to the 'Contact Us' information \_\_\_\_\_
- p) Have you ever been asked to remove contentious content from your site that has been created by your staff or designated freelancers/contributors? Yes \_\_\_\_\_ No \_\_\_\_\_
- q) Please attach a copy of any posted policies about how the public can complain or voice concerns for the site.

**Website Content Produced by Third Parties**

**(Complete only if you are applying for insurance for third party or user generated content on your website.)**

- r) What is the nature of the types of third party or user generated content displayed on your sight (e.g. blogs, user comments, chat rooms, etc)?  
\_\_\_\_\_  
\_\_\_\_\_
- s) Do you have actual knowledge of content on your site that might infringe on any intellectual property or other rights of third parties?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- t) Does the website include links to external web sites in the editorial content or "deep link" other websites not owned by the applicant?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- u) Is that material posted instantly by third parties, without being reviewed by staff? Yes \_\_\_\_\_ No \_\_\_\_\_
- v) Does your staff review third party content, and approve it, prior to it going live online? Yes \_\_\_\_\_ No \_\_\_\_\_
- w) Do third parties have to register on your site in order to post material? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how are third parties identified online as being the author of the content?  
Anonymous \_\_\_\_\_ User Name chosen by third party (e.g. Momof5) \_\_\_\_\_ Actual Name \_\_\_\_\_
- x) Have you posted terms and conditions of use on your site? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide URL. \_\_\_\_\_
- y) Have you implemented a termination policy for users of your website who are repeat infringers? Yes \_\_\_\_\_ No \_\_\_\_\_
- z) Do you have a take-down policy for complaints received concerning defamation, copyright infringement or other disputes?  
If so, please attach the take down policy your company has adopted for such notifications.



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**Applicant Representations and Agreements**

The applicant covenants that all statements set forth herein are true and complete and acknowledges and agrees that any intentional or material misrepresentation, false or incorrect statement or omission or concealment of relevant information is grounds for the refusal or denial of insurance coverage as provided for herein whether or not such coverage may have been issued.

The individual(s) signing as applicant or on behalf of the applicant hereby represent that he/she/they have full authority to sign on behalf of and to bind the applicant.

The applicant acknowledges having received and read over a copy of the Insurance Agreement being applied for hereunder and agrees to all the terms and conditions contained therein.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(If a corporation, please affix the corporate seal, if any.)

Seal